

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.
09/344499
APPLICATION

FILING DATE
6-25-99

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1	1					
2		1				
3						
4		1				
5						
6		1				
7	1					
8	1					
9		1				
10		1				
11	1					
12		1				
13		1				
14	1					
15		1				
16		1				
17		1				
18		1				
19		1				
20	1					
21		1				
22	1					
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29	1					
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39	1					
40		1				
41	1					
42		1				
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	12					
TOTAL DEF.	38					
TOTAL	50					

	1 st		2 nd		3 rd	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
61	1					
62		1				
63		1				
64		1				
65	1					
66		1				
67	1					
68		1				
69						
70						
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72						
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87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEF.	5					
TOTAL	8					